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TRANSMITTAL FORM

Application Number 10/657,010

Filing Date September 5, 2003

First Named Inventor Achiwa, Kyosuke

Art Unit 2188

Examiner Name P. Baker

Attorney Docket Number 169605, 026610115

(to be used for all correspondence after initial filing)

Total Number of I	Pages in This Submission	Attorney Docket Numb	^{oer} 16	869S-026610US .				
		ENCLOSURES (Che	k all that appl	···	• _			
Amendme Af Af Af Extension Express A Information Certified C Document	ter Final fidavits/declaration(s) of Time Request bandonment Request n Disclosure Statement opy of Priority	Drawing(s) Licensing-related Pape Petition Petition to Convert to a Provisional Application Power of Attorney, Rev Change of Corresponded Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table	ocation ence Address e on CD ioner is author	After Allowance Appeal Commur of Appeals and I Appeal Commur (Appeal Notice, Br Proprietary Infor	nterferences nication to TC rief, Reply Brief) mation (s) (please identify			
Application Re	n ply to Missing Parts der 37 CFR 1.52 or 1.53	ATURE OF APPLICANT, A	TTORNEY,	OR AGENT				
Signature	Suna	8911						
Printed name	George B. F. Yee							
Date	March 25, 2005		Reg. No.	37,478				
	C	ERTIFICATE OF TRANSA	IISSION/MA	ILING ·				
I hereby certify the envelope address	at this correspondence is be ed to: Commissioner for Pa	eing deposited with the United Statents, P.O. Box 1450, Alexandria,	tes Postal Servi VA 22313-1450	ice with sufficient postage a 3 on the date shown below.	s first class mail in an			
3	- Comment			<u> </u>				
Typed or printed r	Cynthia McKii	nley		Date Ma	arch 25, 2005			
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Fees pursuant to the	Complete if Known										
	Application Number 10/657,01		010								
FEE 1	Filing Date	!	September 5, 2003								
	First Named Inv			Kyosuke							
Applicant claims	Examiner Name		P. Baker								
	Art Unit		2188								
TOTAL AMOUNT	Attorney Docke	t No.	16869S-026610US								
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order Other (please identify):											
Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
Char	ge fee(s) indicate	d below		Char	rge fee(s)	indicate	d below, exce	ept for the filing fee			
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✓ under 37 CFR 1.16 and 1.17											
information and author FEE CALCULATI		038									
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1. BASIC FILING		ID EXAMIN		RCH FEES	EXA	MINAT	ION FEES	•			
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Utility	300		500			-	00				
Design	200		100			-	65				
Plant	200		300				80				
Reissue	300		500		60		00				
Provisional	200	100	(0		0	0				
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Multiple Dependent Claims											
	0 or HP =	x	=		<u>F</u>	ee (\$)	Fee Pa	<u>iid (\$)</u>			
HP = highest number of total claims paid for, if greater than 20 Indep. Claims											
HP = highest number o	f independent claim	s paid for, if gr	eater than 3								
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof (round up to a whole number) x Fee Paid (\$) A. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)											
Other: Terminal Disclaimer 130											
SUBMITTED BY											
Signature	Lance	Rt	2/1-	Registration No. (Attorney/Agent)		8	Telephone	650-326-2400			
Name (Print/Type)	George B. F.	Yee					Date Ma	arch 25, 2005			